

or locoregional treatment. All patients were treated with direct IMRT. Toxicity was analyzed using the scale of Harris and van Limbergen and Common Terminology Criteria for Adverse Events (CTCAE) Versión 4.0.

**Results.** We have evaluated 301 patients with a mean age of 52 years and a median following time of 15 months (3–39). 97% of the patients received a boost over the tumor bed (91.3% with brachytherapy). 77.4% were infiltrating tumors; 22.6% were DCIS. When finishing the treatment, 75.8% of the patients suffered grade 1 radiodermatitis (fully recovered after a month in 94.1%) and hyperpigmentation was grade 1 in 48.2% patients thirty days after treatment. Chronically, fibrosis appeared in 50% of the patients (48.2%: grade 1 and 1.8%: grade 2) and hyperpigmentation remained grade 1 in 30.9% of patients. No grade 3 or 4 toxicity was reported. We found that final aesthetic result in the evolution critically depends on the state of the breast after surgery and before radiotherapy.

**Conclusion.** Hypofractionated treatment in breast cancer is safe in terms of toxicity (acute and chronic) and very well tolerated with good cosmetic outcomes. It also provides patients the opportunity to reduce their visits to the hospital and return to their daily lives. Another important issue is the cost savings when compared to conventional treatment.

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### Impact of breast radiodermatitis in the quality of life

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**Objective.** To evaluate the influence of radiation dermatitis in the quality of life of women with breast cancer treated with radiation therapy after conservative surgery.

**Material and methods.** Observational, prospective longitudinal done at the Department of Radiation Oncology-CHGUV-ERESA between December and June 2012 in 35 patients requiring breast irradiation. Inclusion criteria: Conservative surgery, absence of cognitive impairment and Spanish-speaking. The assessment of quality of life was performed using two validated questionnaires for Spanish, DLQI and Skindex-29-3. Three surveys were conducted DLQI (the first and last week of treatment and one month after the end). The Skindex-29 was performed at the end of treatment and at three scales are rated: functional, emotional and symptomatic. All patients followed the protocol radiodermatitis prevention of service.

**Results.** In the valuation of impaired quality of life on the end of treatment shows that in DLQI: only 3 participants had scores of 10 or higher on a total score of 30, this represents a low influence. When spend a month of the end of treatment, further reduces this influence. The items on pain, burning and itching were the highest. In Skindex-29 only two women had scores of 35 and 38 out of 100 representing a half affectation. In the remaining women, affectation was low or very low.

**Conclusions.** Contrary to what is concluded in recent publications,<sup>1–5</sup> this study shows a low alteration of the quality of life of women with breast irradiation. These results are highly dependent on Radiation Oncology service where treatment takes place as they depend protocols on the acceptance of treatment and the protocols for prevention and management of radiation dermatitis that are used in each service.

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### Impact of focused assessment of breast radiodermatitis

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**Introduction.** Breast radiodermatitis not always appear uniformly distributed throughout the breast. Throughout the treatment, it is common to see more affectation in some areas than in others.